

AUTO CR - LOG SUMMARY #1055175

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved member observed a male pitbull dog lying on the sidewalk in distressed. It is further the involved member fired one round to destroy animal.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BRODERDORF, RAY E		121 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
30-JUN-2012 10 52 - 30-JUN-2012 10 52		1122	011	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	FLYNN, SEAN P	15346	011 /	POLICE OFFICER	M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	31-JUL-2012 05:49	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	31-JUL-2012 05:49	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	17-JUL-2012 11:30	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	17-JUL-2012 11:29	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PRELIMINARY	17-JUL-2012 11:27	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	edits
PENDING SUPERVISOR REVIEW	17-JUL-2012 07:43	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	17-JUL-2012 07:43	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	17-JUL-2012 07:42	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	01-JUL-2012 09:11	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	01-JUL-2012 09:11	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	01-JUL-2012 09:11	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	01-JUL-2012 09:11	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	30-JUN-2012 11:54	KOCHAN, MARK	POLICE OFFICER	116 /	initiated by; Name BRODERDORF, RAY Star No. 1125 Emp No. [REDACTED] Assigned Unit No. 121 Position SERGEANT OF POLICE

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					KOCHAN, MARK	30-JUN-2012 11:54			
	DOCUMENTS - INTAKE INCIDENT		2	[REDACTED]	N	TOPPINS, YOLANDA	01-JUL-2012 09:10	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		14	Destruction of An Animal	N	TOUSANT, LISA	17-JUL-2012 07:43	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Sergean Sean Flynn Star# 3926	N	TOPPINS, YOLANDA	01-JUL-2012 09:11	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 30-JUN-2012) - LOG #1055175

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BRODERDORF, RAY E			121 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
30-JUN-2012 10:52 - 30-JUN-2012 10:52		122	011	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	30-JUN-2012 23:54	KOCHAN, MARK	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	31-JUL-2012 05:49	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	31-JUL-2012 05:49	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	01-JUL-2012 09:11	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	01-JUL-2012 09:11	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	01-JUL-2012 09:11	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	30-JUN-2012 11:54	KOCHAN, MARK	POLICE OFFICER	116 /	initiated by; Name BRODERDORF, RAY Star No. 1125 Emp No. [REDACTED] Assigned Unit No. 121 Position SERGEANT OF POLICE

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.386(6/03)-C

RD
Case
EVENT

INCIDENT	APPROVAL COMPLETE		
	IUCR: 5081 - Non-Criminal - Other Non-Criminal Property		
	Occurrence Location: 304 - Street	Beat: 1122	Unit Assigned: 1112 RO Arrival Date: 30 June 2012 22:52
	Occurrence Date: 30 June 2012 22:52		

NON-OFFENDER(S)	VICTIM - Individual		
	Name: SEE NARRATIVE	Demographics	
	Res: [REDACTED] Beat: 1122	Age: 0 Years	
	Sobriety: Sober CPD Officer: No		
	PERSON REPORTING OFFENSE - Individual		
	Name: FLYNN, Sean P		
	[REDACTED] Beat: 1134		
	Sobriety: Sober CPD Officer: Yes		
	Other Communications and Availability		
	Residence Phone: [REDACTED]		

OTHER PROPERTIES	Property #1		
	Possessor/User: Unknown		
	Quantity: 1	Used as Weapon? No Taken/Stolen? No Recovered? No	
	Description: Male Pit Bull Type Dog	Owner: Unknown	Property Type: Other

NOTIFICATIONS	Request Type	Agency Name	Date
	Notification	O.E.M.C.	30 June 23:19
	Other Notifications May Be In Narrative.		
	Notification	121 Bureau Of Internal Affairs	30 June 23:40
	Notification	116 Deployment Operations Center	30 June 23:40

NARRATIVES

IN SUMMARY, THIS REPORT IS BEING GENERATED TO DOCUMENT THE DESTRUCTION OF THE ABOVE ANIMAL. R/O'S OBSERVED THE ABOVE ANIMAL LYING ON THE SIDEWALK IN DESTRESS AT THE ABOVE LOCATION. NO OWNER COULD BE IDENTIFIED AND ANIMAL HAD NO TAGS OR COLLAR. ANIMAL CONTROL WAS NOTIFIED, BUT STATED THAT NO ONE WAS ON DUTY TO SEND. PO FLYNN FIRED ONE ROUND TO DESTROY ANIMAL. NO PROPERTY(OTHER THAN DOG) WAS DAMAGED. BEAT 1171 TRANSPORTED BODY TO ANIMAL CARE AND CONTROL.

NOTIFICATION: WATCH COMMANDER Beat#: 1199 Star#: Emp#: Date: 30-JUN-2012 Time: 2320 NOT

- STAR#: 3926 NAME: SEAN FLYNN BEAT: 1112
- STAR#: 11870 NAME: ARTHUR CARLSON BEAT: 1112
- STAR#: 2381 NAME: ADAM ZELITZKY BEAT: 1120

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	3926	[REDACTED]	FLYNN, Sean, P	[REDACTED]	30 Jun 2012 23:50	011	1112



TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 30-JUN-2012		TIME 23:19:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 303		4 BEAT/OCCUR 1122							
	5 POSITION 9161		6 LAST NAME FLYNN		7 FIRST NAME SEAN P		8 STAR NO 3926		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI		11 AGE [REDACTED]		12 HT 508		13 WT 200	
	14 DATE OF APPT 29-MAY-2001		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 011 1112		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20 LAST NAME		21 FIRST NAME		22 M I		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE		25 D O B		26 HT		27 WT			
SUBJECT INFORMATION	28 ADDRESS				29 TELEPHONE NO		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33 WHERE WAS MEDICAL TREATMENT OBTAINED?				34 BY WHOM?		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	36 CHARGES PLACED <input checked="" type="checkbox"/> DNA								37 CB NO		IR NO		<input checked="" type="checkbox"/> DNA					
REASON FOR USE OF FORCE (Check all that apply)	38 <input type="checkbox"/> DNA																	
	SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE							
MEMBERS RESPONSE	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>									
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>									
OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____										
MEMBER PRESENCE <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>										
VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <u>DESTROY INJURED CANINE</u>										
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>												
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>																
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>																
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>																
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																
OTHER _____		OTHER _____		OTHER _____														
WEAPON DISCHARGE INCIDENT	39 <input type="checkbox"/> DNA																	
	40 ADDITIONAL INFORMATION																	
	41 WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER																	
	42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors 43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial 44 WEATHER CONDITIONS CLEAR																	
	45 MAKE/MANUFACTURER SPRINGFIELD ARMORY M1A 46 MODEL XD 47 BARREL LENGTH 4 INCH 48 CALIBER/GAUGE 9 MM																	
	49 TASER DART ID NO 50 WEAPON SERIAL No (Include Letters) [REDACTED] 51 CHICAGO GUN REG NO [REDACTED] 52 IL FIREARM OWNER ID NO [REDACTED] 53 HANDGUN CERTIFICATE NO [REDACTED]																	
	54 SPECIAL WEAPON CERTIFICATE NO 55 PROPERTY INVENTORY NO 56 TYPE OF AMMUNITION USED Department Issued 57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1 58 TOTAL NO OF SHOTS MEMBER FIRED 1																	
	59 WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER 60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO 61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED 62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST)																	
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW 64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD 65 DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																	
	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE 67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT 68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN 69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																	
CASE INFO.	70 EVENT NO [REDACTED]																	
	71 R D NO [REDACTED]																	
SIGNATURES	72																	
	NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																	
73 REPORTING MEMBER (Print Name) FLYNN, SEAN P 01-JUL-2012 00:06:01 STAR/EMPLOYEE NO 3926 SIGNATURE [REDACTED]																		
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																		
74 REVIEWING SUPERVISOR (Print Name) ZELITZKY, ADAM R STAR NO 2381 SIGNATURE [REDACTED] DATE REVIEWED 01-JUL-2012 00:47:46 TIME																		

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The member conformed to Department policy and procedure when destroying a canine
CPIC and IAD notified Administrative CL# 1055175 obtained

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1055175 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

SESSO, STEVEN A

SIGNATURE

DATE COMPLETED

TIME

01-JUL-2012 01:11:05

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

1

**BUREAU OF INTERNAL AFFAIRS
INVESTIGATIONS DIVISION
GENERAL INVESTIGATIONS SECTION**

**Date 1 JUL 2012
LOG # 1055175**

TO: Juan Rivera
Chief
Bureau of Internal Affairs

ATTN: Robert Klimas
Commander
Investigations Division

ATTN: Lt. Susan Clark # 320
Administrative Section
Investigations Division

FROM: Sergeant Ray Broderdorf# 1125
Investigations Division
General Investigations Section

SUBJECT: **Synoptic Report – Firearm Discharge Incident (animal)**

RESULTS: **BAC .000**

REFERENCE: **LOG # 1055175**
WD # [REDACTED]

INCIDENT LOCATION: **Ohio and Kedzie**

DATE & TIME: **30 Jun 2012 @ 2252 hours**

DSS: **Lt SESSO # 340**

INVOLVED MEMBER(s): Police Officer Sean FLYNN
Star # 3926
Employee # [REDACTED]
Unit of Assignment 011
C/S 29 May 2001
DOB: 17 Apr 1972

NARRATIVE:

R/S received notification from CPIC by PO Kochan # 18144 at 2330 hours on 30 JUN 2012 regarding a Firearm Discharge Incident in the 011th District.

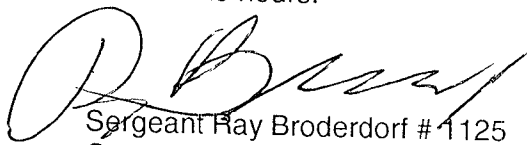
R/Sgt. Arrived in the 011th District at 0005 hours 1 Jul 2012.

**BUREAU OF INTERNAL AFFAIRS
INVESTIGATIONS DIVISION
GENERAL INVESTIGATIONS SECTION**

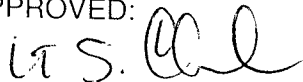
**Date 1 JUL 2012
LOG # 1055175**

R/Sgt arrived and began the 20 min observation period of PO FLYNN at 0010 hours. PO FLYNN was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. The Breath Test was conducted at 0039 hours and the BAC was .000. The OCIC was notified of the results.

R/Sgt then collected the urine specimen of PO FLYNN at 0025 hours.


Sergeant Ray Broderdorf # 1125
General Investigations Section
Investigation Division

APPROVED:



Lt. Susan Clark # 320
Administrative Section
Investigations Division



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name SEAN FLYNN Title P.O.
Star No. 3926 Employee No. [REDACTED] Unit 011

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>SEAN FLYNN</u>		Involved Member's Signature <u>[Signature]</u>		Date and Time <u>1 JUL 12 0010</u>
Type of Test <u>Alcohol</u>	Location <u>011 DIST</u>			Date and Time <u>1 JUL 12 0039</u>
Type of Test <u>Drug</u>	Location <u>011 DIST</u>			Date and Time <u>1 JUL 12 0025</u>

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>SW-R. Broderick</u>	B.I.A. Supervisor's Signature <u>[Signature]</u>	Date and Time <u>1 JUL 12 0010</u>
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CPD-44 252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by RB

☐ Employer Representative _____

Signature of Employer Representative _____

PART I -

A. On the 1 day of JULY, 2012 at 0025, I, SEAN FLYNN,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to SGT. Brodendorf,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
[REDACTED]	[REDACTED]

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed on both sides of the vial.
I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag [REDACTED] tape. Then I initialed the barcode
label on bag with the number [REDACTED]

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number [REDACTED] received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

M. Colen, on 02 July 12, at 0550,
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____.
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

CPD-34-559-A

UNIT NO.

PROP. INVENTORY NO.

DATE RECEIVED

MANNER RECEIVED

☐ MAIL
☐ COUNTER
☐ CRIME LAB

☐ OTHER-
DESCRIBE

DELIVERING OFFICER

STAR NO.

E & RPS RECEIVING OFFICER

STAR NO.

CONTENTS - DESCRIB

AMOUNT \$

52. Brodardone 1125 CL 1055125



EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION

CHICAGO POLICE DEPARTMENT

SEAL WITHIN WHITE AREA

[Handwritten signatures and markings]

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name. Last:

First:

E. Donor ID Verified:

☒ Photo ID

☐ Emp Rep.

F Reason for Test.

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99) *Pre-employment Drug Test for new hire*

G. Drug Tests to be Performed:

H. Collection Site Name.

Collection Site Code:

Address.

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X *[Signature]*
Signature of Collector
[Print Name]
(Print) Collector's Name (First, MI, Last)

0025 AM
Time of Collection
7/11/12
Date (Mo /Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:

☐ Quest Diagnostics Courier

☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo /Day/Yr)

**Primary Specimen
Bottle Seal Intact**

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

X *[Signature]*
Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo /Day/Yr)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth
Mo Day Yr

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 2nd day of July 2012 I MARIA COLON #24975
received a collected urine specimen from Sgt. Broderdref # 1125. The specimen
was delivered in (sealed) unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag)

or

☐

The packaging was then opened by MARIA COLON #24975 in the presence
of Sgt. Broderdref # 1125. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by MARIA COLON #24975, as witnessed by Sgt. Broderdref # 1125

Specimen delivered by: [Signature] # 1125
Signature

Received/stored by: Maria Colon # 24975
Signature

Last Name: FLYNN
First Name: SEAN
Rank: P.O.
Star #: 3926
Unit: 011
Home Zip Code: [REDACTED]
Date Hired: 29 MAY 2001
Birthdate: [REDACTED]

FLYNN
+
KANE

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by RB

☐ Employer Representative

Signature of Employer Representative

PART I -

A. On the 1 day of JULY, 2012 at 0025, I, SEAN FLYNN

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to SGT. Brodendorf and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed on both sides of the vial. I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag with adhesive tape. Then I initialed the barcode label on bag with the number

EXAMINEE'S SIGNATURE

Sean Flynn

STAR/EMP NO.

3926

WITNESS'S SIGNATURE

SGT. Brodendorf

STAR/EMP NO.

1125

RECEIVING STAFF MEMBER'S SIGNATURE

SGT. Brodendorf

STAR/EMP NO.

1125

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

M. Cohen (STAFF MEMBER'S SIGNATURE)

on 02 July 12, at 0550

(DATE)

(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number

was removed from the Random Drug Testing Unit refrigerator by (RDTU MEMBER)

and then delivered to (LAB MEMBER), on (DATE), at (TIME)

Specimen received by (LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

In the 2nd day of July 2012 I MARIA COLON #24975
received a collected urine specimen from Sgt. Broderdref # 1125. The specimen
was delivered in sealed ☒ sealed ☐ unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag)

or

☐

The packaging was then opened by MARIA COLON #24975 in the presence
of Sgt. Broderdref # 1125. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by MARIA COLON #24975, as witnessed by Sgt. Broderdref # 1125

Specimen delivered by: [Signature] # 1125
Signature

Received/stored by: Maria Colon # 24975
Signature



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name SEAN FLYNN Title P.O.
Star No. 3926 Employee No. [REDACTED] Unit 011

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>SEAN FLYNN</u>		Involved Member's Signature <u>[Signature]</u>		Date and Time <u>1 JUL 12 0010</u>	
Type of Test Alcohol	Location.	Date and Time			
	<u>011 DIST</u>	<u>1 JUL 12 0039</u>			
Type of Test Drug	Location	Date and Time			
	<u>011 DIST</u>	<u>1 JUL 12 0025</u>			

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>SW. R. Broderick</u>		B.I.A. Supervisor's Signature <u>[Signature]</u>		Date and Time <u>1 JUL 12 0010</u>	
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CPD-44 252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER



7/5/2012 12:07:54 PM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION: [REDACTED]
LAB REF NO: [REDACTED]
COLLECTED: 7/1/2012 00:25
RECEIVED: 7/3/2012 06:18
REPORTED: 7/3/2012 11:08
DOCUMENT ID:

CLIENT INFORMATION

40005057
CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653

Reason: OTHER -- FIREARM DISCHARGE PER FOP CON

Tests Ordered: [REDACTED]

Integrity Checks

Acceptable Range

CREATININE	135.9 mg/dL	>= 20 mg/dL
pH	5.5	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel

	Initial Test Level	GC/MS Confirm Test Level
AMPHETAMINES	Negative	1000 ng/mL
BARBITURATES	Negative	300 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL
METHADONE	Negative	300 ng/mL
METHAQUALONE	Negative	300 ng/mL
OPIATES	Negative	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL

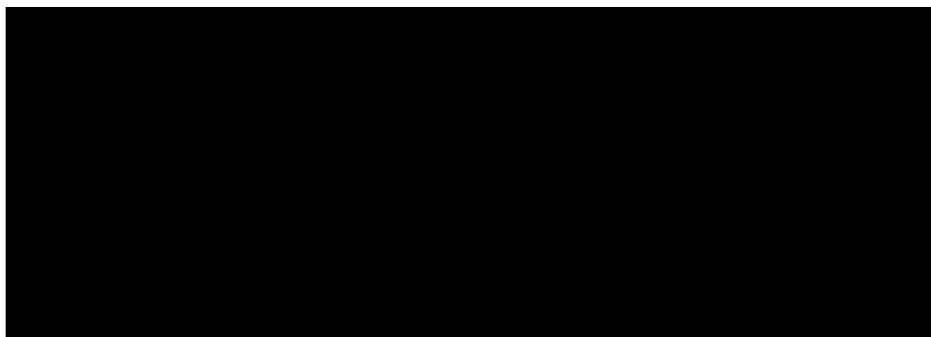
CERTIFYING SCIENTIST: [REDACTED]

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: [REDACTED]

ADDITIONAL COMMENTS:

Test Type: FIREARM DISCHARGE PER FOP CON mapped to OTHR



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